



MARYLAND CORRECTIONAL ENTERPRISES CREDIT CARD ORDER FORM

Customer #: _____

CO #: _____

Date: ____/____/____

Agency Name: _____

Receipt Address: _____

Delivery Address: _____

Contact Name: _____ Phone: _____ - _____ - _____ X _____

Card Holder Name: _____ Phone: _____ - _____ - _____ X _____

Fax: _____ - _____ - _____

Credit Card Spending Limit: \$ _____ Credit Card Type (circle one) VISA or MASTER CARD

Credit Card #: _____ - _____ - _____ [- _____] 3 digit # _____ Exp. Date: ____/____/____
(on back of card)

Customer Reference Number (optional): _____

Model #: _____ Qty: _____ Unit Price: \$ _____ Sub Total: \$ _____

Description: _____

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Model #: _____ Qty: _____ Unit Price: \$ _____ Sub Total: \$ _____

Description: _____

Model #: _____ Qty: _____ Unit Price: \$ _____ Sub Total: \$ _____

Description: _____

Model #: _____ Qty: _____ Unit Price: \$ _____ Sub Total: \$ _____

Description: _____

Model #: _____ Qty: _____ Unit Price: \$ _____ Sub Total: \$ _____

Description: _____

TOTAL: \$ _____

**Fax to: MCE Customer Service
410-540-5569 or 410-799-8604**

White-C/S
Pink-A/R
Canary-Shop

Order taken by: _____